## **EMERGENCY CONTRACEPTION PROGRESS NOTE**

Patient Name			Date
Date of Birth			
SUBJECTIVE: (CLIENT PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY)			
The first day of my last normal menstrual period was			
2. Date of my last intercourse			Time:
OBJECTIVE: (CLINICIAN TO COMPLETE)			
Blood Pressure: Pregnancy Test: Positive Negative N/A			
ASSESSMENT:			
Based on the information above, there ARE ARE NOT contraindications to starting emergency contraception.			
PLAN:			
	PILL BRAND NAME	INITIAL DOSE	DOSE-12 HOURS AFTER INITIAL
	Lo/Ovral	4 white pills	4 white pills
	Levlen	4 light-orange pills	4 light-orange pills
	Nordette	4 light-orange pills	4 light-orange pills
	Triphasil	4 yellow pills	4 yellow pills
	Alesse	5 pink pills	5 pink pills
	Plan B	2 pills	No second dose needed
	Next Choice©	2 pills	No second dose needed
	One Step©	1 pill	No second dose needed
Emergency Contraception Instructions Emergency contact information			DA package insert
Return to clinic in 3 - 4 weeks if no menses or if desires Family Planning Services			Consent signed (if <b>&lt;17 years old</b> ) Other
Discussed Contraceptive plan: Dispensed method:			
Clinician Signature Date			